

**MDR Tracking Number: M5-04-4138-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 4, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the mechanical traction, electrical stimulation, ultrasound therapy, therapeutic exercises rendered on 8/6/03 thru 9/10/03 were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. As the treatment mechanical traction, electrical stimulation, ultrasound therapy, therapeutic exercises were not found to be medically necessary, reimbursement for dates of service from 8/6/03 thru 9/10/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of October 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 11, 2004

**Re: IRO Case # M5-04-4139**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the

Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reviews 1/20/04, 1/29/04
4. Report 4/3/03
5. Pain management office visit notes
6. Report 6/26/03
7. D.C. Soap Notes
8. TWCC work status reports
9. ROM charts
10. DDE report 5/3/04
11. Electrodiagnostic study reports
12. MRI arthrogram left shoulder report 5/10/04
13. D.C. IR report
14. TWCC 69 reports
15. Follow up visit reports
16. Acupuncture notes
17. Neck pain disability index question sheet
18. Shoulder rating sheet
19. D.C. statement of disability 4/8/03
20. D.C. initial evaluation report 3/20/03
  
21. Request to change treating doctor 3/17/03

- 22. MRI reports of cervical spine and left shoulder 2/16/03
- 23. Report of cervical myelogram and CT scan
- 24. Reports 3/3/03, 2/12/03

#### History

The patient injured her neck and left shoulder in \_\_\_\_ when she lifted boxes of food. She initially was prescribed medication for pain, and was referred for physical therapy. She changed her treating doctor for chiropractic treatment. She has been treated with medication, injections, physical therapy, manipulation and therapeutic exercises.

#### Requested Service(s)

Office visits, neuromuscular re-education, therapeutic activities, therapeutic exercises, manual therapy techniques, chiropractic manipulative treatments, range of motion measurements and reports 8/4/03 – 10/14/03

#### Decision

I agree with the carrier's decision to deny the requested services.

#### Rationale

The patient had more than an adequate trial of conservative treatment with little relief of symptoms or improved function. As of 8/1/03, she had received over 60 treatments from the treating D.C., and her VAS was still going as high as 8/10.

The documentation provided for this review does not demonstrate adequate subjective improvement as a result of the D.C.'s treatment prior to the dates in this dispute. The patient's complaints of moderate neck pain, scapular pain, left arm and shoulder pain did not appear from the records to really have improved under the D.C.'s care.

The patient's functional tolerance also apparently failed to improve, based on the D.C.'s records. Basic ADLs, sleep disturbances and even reading and sitting exacerbated the patient's symptoms. Clinical testing, such as cervical and shoulder ROM, strength, endurance and orthopedic testing also failed to demonstrate improvement prior to the dates in dispute. Failed conservative therapy does not establish a medical rationale for continued non-effective therapy. Based on the records provided for review, the patient's condition plateaued in a diminished state prior to the dates in dispute. Based on the records provided treatment was over-utilized, inappropriate and encouraged doctor dependency.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.